

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-024100

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 270

Primary Registration District No. 5910

Registrar's No. 44

FILED JUL 10 1962

1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CaruthersvilleLength of stay in 1b
Transitc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION On "Yazoo" Tow BoatInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mississ. b. COUNTY Warren

c. CITY OR TOWN Vicksburg

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1213 Clay StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
John Christian Oakes4. DATE OF DEATH Month Day Year
June 25 19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
8/8/049. AGE (last birthday)
57IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Engineer-Retired10b. KIND OF BUSINESS OR INDUSTRY
Towing Boat11. BIRTHPLACE (City and state or country)
Harworth, Miss.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles Franklin Oakes

13b. MOTHER'S MAIDEN NAME

Mary Sophie Dose

14. NAME OF HUSBAND OR WIFE

X

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes, no, or unknown (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address 1213 Clay
Mrs. Laura Walls-Vicksburg, Miss.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTIONS

INTERVAL BETWEEN ONSET AND DEATH

DOA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at 1:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Alan L. Huber MD

22b. ADDRESS

Caruthersville, Mo

22c. DATE SIGNED

JUNE 26, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6/25/1962

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

23d. LOCATION (City, town, or county)

Vicksburg, Mississippi

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.S. Smith Funeral Home-C'ville. Mo.

25. DATE RECD. BY LOCAL REG.

7-1-62

26. REGISTRAR'S SIGNATURE

Jack W. Tipton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

10755

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1291-0

132-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Camthessville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.